Complete it	
item 4 if Restricted Delivery is desired.	Page 1 of 3 Signature
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B Received by (Printed Name) C. Date of Delivery
Dr. Spud Warr RUSSELL COUNTY JAIL	s delivery address different from item 1? Yes YES, enter delivery address below: No
3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3	Service Type Certified Mail Registered Return Receipt for Members
(Transfer from service I	Ticted Delivery? (Extra Fee) 口 Yes
	102595-02-M-1540

NON DELIVERY
Case 3:07-cv-00920-MHT-SRW Document of the section on Delivery Document of the section of Delivery Document of the section of Delivery Delivery Delivery Delivery Delivery Delivery Delivery Delivery Delivery
A. Signature
a molete lieurated Delivery a on the level
complete item 4 if Restricted Delivers on the item 4 if No. Print your name and address on the mailpiece, so that we can return the card to you. D. Is delivery address different from item. If YES, enter delivery address below: If YES, enter delivery address below: 3 : 0 7 c u 9 2 0 18
or on the front it spendise
Danny Bussy JAIL 3. Service Type G Express Mail Return Receipt for Merchandise G Co.D. D Yes
7777 1490 0000 UDL 1
2. Article Number 7 007 1440 Domestic Return Receipt

7007 1490 0000 0024 9674 Domestic Return Receipt 2. Article Number (Transfer from service)

Sahruary 2004